

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	39 minus 20 = *	19
INDEPENDENT CLAIMS (37 CFR 1.16(b))	4 minus 3 = *	1
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		Nil

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	FEE
	\$ _____
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	

RATE	FEE
740.	\$ 740.
x \$ 18 =	342.
x 84 =	84.
+ _____ =	
TOTAL	1166.00

10/006155

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)	(Column 2)	(Column 3)	PRESENT EXTRA
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		
Total (37 CFR 1.16(c))	* 36	Minus	** 39	= /
Independent (37 CFR 1.16(b))	* 3	Minus	*** 4	= /
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	
ADDIT. FEE	

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)	PRESENT EXTRA
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		
Total (37 CFR 1.16(c))	*	Minus	**	=
Independent (37 CFR 1.16(b))	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	
ADDIT. FEE	

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)	PRESENT EXTRA
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		
Total (37 CFR 1.16(c))	*	Minus	**	=
Independent (37 CFR 1.16(b))	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	
ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for

Patents, Washington, DC 20231